

STATE OF ARIZONA

ASBESTOS NESHAP NOTIFICATION FORMS RENOVATION AND DEMOLITION ACTIVITIES



Arizona Department of Environmental Quality
Air Quality Compliance Section
Asbestos NESHAP Program
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<http://www.azdeq.gov/environ/air/asbestos/index.html>

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES
Arizona Department of Transportation Facilities - Arizona - Revised September 2007
National Emission Standards for Hazardous Air Pollutants (NESHAP)

THIS LINE FOR NESHAP REGULATORY AGENCY USE	U.S. Postal Service Postmark Date:	Commercial Delivery Service Delivery Date:	Other Hand Delivery Date:	ACTS#:		
1. TYPE OF NOTIFICATION: () Original; () Revision 1; () Rev. 2; () Rev. 3; () Rev. 4; () Rev. 5; () Rev. 6; () Rev. 7; () Rev. 8; () Rev. 9; () Cancel; ()						
2a. ADOT FACILITY INFORMATION:						
Purchase Order Number(s) Issued:						
Mailing Address:						
City/Community:			State:	Zip:		
Contact Person:	Telephone:		Fax:			
2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:						
Address:						
City:			State: AZ	Zip:		
Contact Person:	Telephone:		Fax:			
2c. DEMOLITION CONTRACTOR/OPERATOR:						
Address:						
City:			State:	Zip:		
Contact Person:	Telephone:		Fax:			
3. TYPE OF OPERATION: () Renovation, () Emergency Renovation, () Demolition, () Ordered Demolition, () Annual Non-scheduled Operations						
4. <i>PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART, BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR</i>				DATE:		
5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)						
Building Name:		Visible Signage:				
Street Address:		Identifying Features:				
City:	County:	State:	Zip:			
City/County Renovation Permit#:		City/County Demolition Permit#:				
Building Size in Floor Area (Sq. Ft.)	Number of Floors Affected:		Age of Facility:			
HOUSING UNITS ACQUIRED BY ADOT ARE NEHSAP FACILITIES	Present Use:		Prior Use			
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. (X) Polarized Light Microscopy [PLM]; () Point Counting; () Assumed; () Other _____ NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed _____						
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141		Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM			
			To Be Removed		Not To Be Removed during Demo	
			CAT I	CAT II	CAT I	CAT II
On Facility Components: Pipes (Linear Feet)						
On Facility Components: Surface Area (Square Feet)						
Off Facility Components: Volume (Cubic Feet)						
8. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start Date _____ Completion Date*: _____ Days of Operations: M T W TH F SA SU						
9. DATES FOR DEMOLITION (MM/DD/YY) Start Date: _____ Completion Date*: _____ Hours of Operations: _____						
Mail/Deliver to:	Copy to ADOT Procurement Office: _____ Mail original to County NESHAP Agency listed below if regulated by that county:					
Arizona DEQ/AQD Attn: NESHAP Coordinator 1110 W Washington St. Phoenix, AZ 85007 602-771-2333	ADOT Procurement Contract Management 1739 W. Jackson, Rm. # 100 Phoenix, AZ 85001	Maricopa County AQD Attn: NESHAP Coordinator 1001 N. Central, Ste. 400 Phoenix, AZ 85004 602-506-6708	Pima County DEQ Attn: ESHAP Coordinator 33 N. Stone, Ste. 730. Tucson, AZ 85701 520-740-3360	Pinal County AQCD Attn: NESHAP Coordinator P.O. Box 987 Florence, AZ 85232 520-866-69829		

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: <input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Popcorn Ceiling Texture <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding <input type="checkbox"/> ≥5580 sq ft w/rotating blade cut Other, please specify: _____ REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: <input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe _____			
12a. ASBESTOS WASTE TRANSPORTER #1:			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Fax: _____	
12b. ASBESTOS WASTE TRANSPORTER #2:			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Fax: _____	
13. ASBESTOS WASTE DISPOSAL SITE:			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Fax: _____	
14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER			
Name: N/A		Title: _____	
State or Local Government Agency: _____		Authority: _____	
Date of Order (MM/DD/YY): _____		Date Demolition Ordered to Begin (MM/DD/YY): _____	
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))			
Date and Hour of Emergency (MM/DD/YY - HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____			
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: <input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> AHERA Certified Contractor/Supervisor on-site			
17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE. <div style="display: flex; justify-content: space-between;"> _____ (Print Name: Owner/Operator) _____ (Title) _____ (Signature of Owner/Operator) _____ (Date) </div>			
18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):			
_____ (Print Name of Inspector)	_____ (Company Affiliation and/or phone #)	_____ (AHERA Certificate Number & Training Provider)	_____ (Expiration Date)
19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name: _____ Rev. Date _____ <div style="display: flex; justify-content: space-between;"> _____ (Print Name: Owner/Operator) _____ (Title) _____ (Signature of Owner/Operator) _____ (Date) </div>			